

EXHIBIT E – PART 4

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LINES

BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNMENT "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO. BL NO. SJUCRS060JAX102 Date: 05/10/02															
			EXPORT REFERENCES GU585N0190															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118			BOOKING NUMBER SHIPPER REFERENCE NO. RV#80791															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.															
			ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY MEMPHIS, TN	FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN													
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: STRU455047 SEAL 1: 026018	1 45HC	STC: 42 PALLETS 2,224 PIECES MEDICAL DEVICES ** TR/DR			20,635													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p><small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for declared value.</small></p> <p><small>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small>) Yes [] No Insured Value \$ _____</small></p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>900.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table> <p><small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p><small>Signature of Consignor</small></p> <p><small>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</small></p> <p><small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS OR FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small></p> <p><small>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</small></p> <p>REVISED 2/02 BY _____</p> <p>SEA STAR LINE, LLC</p>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	900.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1	900.00																
BUNKER SURCHARGE	1	125.00																
PT AUTH FEE	1	10.00																

TOTAL CHARGES: 1,035.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO. BL NO. SJUCRS060JAX101	Date: 05/10/02													
			EXPORT REFERENCES														
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80806													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR															
VESSEL CRUSADER		VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR													
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN		POINT AND COUNTRY OF ORIGIN													
				FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN													
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: STRU455064 SEAL 1: 025943	1 45HC	STC: 45 PALLETS 2,530 PIECES MEDICAL DEVICES ** TR/DR		23,008													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE													
<p><small>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>B Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</small></p> <p><small>Declared Value \$ _____</small></p> <p><small>Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small> Yes No Insured Value \$ _____</small></p> <p><small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p><small>Signature of Consignor _____</small></p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE</p> <p>IL 60554</p>		<p><small>TARIFF ITEM NUMBER</small></p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>900.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	900.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00
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REVISED 2/02		BY _____		SEA STAR LINE, LLC													

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962			TAX BOND NO.	BL NO. SJUHAW215ELZ045	Date: 05/13/02												
			EXPORT REFERENCES	HU569N0230													
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV80807													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT															
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY													
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT											
UNIT NO: NPRU655414	1 45HC	STC: 46 PALLETS MEDICAL DEVICES ** TR/DR			31,998												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE												
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p> Yes No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>15.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	15.00	TOTAL CHARGES: 1,276.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL															
OC FRT NORTHBOUND	1	1,136.00															
BUNKER SURCHARGE	1	125.00															
PT AUTH FEE	1	15.00															

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962	TAX BOND NO.	BL NO. SJUHAW215ELZ044	Date: 05/13/02
	EXPORT REFERENCES	HU569N0120	
	BOOKING NUMBER	SHIPPER REFERENCE NO. RV80796	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549	SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS SUGAR GROVE	ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR	PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR
PORT OF DISCHARGE PORT ELIZABETH, NJ	PLACE OF DELIVERY MONTGOMERY, NY	POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY	

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: GESU400031	1 45HC	STC: 52 PALLETS MEDICAL DEVICES ** TR/DR	11,476	

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

I Yes [] No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1	1,136.00
BUNKER SURCHARGE	1	125.00
PT AUTH FEE	1	15.00

TOTAL CHARGES: 1,276.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX109	Date: 05/10/02			
		EXPORT REFERENCES GU585N0410				
		BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80810			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) SF CAPAK DELIVERY (USA11111) C/O ALLEGIANCE 1951-A FAIRWAY DR. SAN LEANDRO, CA 94577		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.				
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS				
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR				
VESSEL CRUSADER		VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY SAN LEANDRO, CA	FINAL DESTINATION OF GOODS (NOT VESSEL) SAN LEANDRO, CA	
PARTICULARS FURNISHED BY SHIPPER						
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU455048 SEAL 1: 25950	1 45HC	STC: 44 PALLETS 2,331 PIECES MEDICAL DEVICES ** TR/DR			26,513	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE	
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.] Yes [] No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p>				
TARIFF ITEM NUMBER		CHARGES		TOTAL		
OC FRT NORTHBOUND		1 1,838.00		1,838.00		
BUNKER SURCHARGE		1 125.00		125.00		
PT AUTH FEE		1 10.00		10.00		
TOTAL CHARGES: 1,973.00						

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962		TAX BOND NO. BL NO. SJUHAW215ELZ053 Date: 05/13/02																		
		EXPORT REFERENCES HU569N0230																		
		BOOKING NUMBER SHIPPER REFERENCE NO. RV80812																		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC																		
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PARTICULARS FURNISHED BY SHIPPER																				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT															
UNIT NO: UXXU480906	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR		21,586																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE																
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>B Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>C Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>15.00</td> </tr> <tr> <td></td> <td></td> <td>1,276.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	15.00			1,276.00	TOTAL CHARGES: 1,276.00	
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REVISED 2/02		BY _____		SEA STAR LINE, LLC																

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO.	BL NO. SJUCRS060JAX107	Date: 05/10/02															
			EXPORT REFERENCES	GU585N0400																
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80813																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) LA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 4551 E. PHILADELPHIA ST ONTARIO, CA 91761			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																		
VESSEL CRUSADER		VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA		POINT AND COUNTRY OF ORIGIN																
				FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA																
PARTICULARS FURNISHED BY SHIPPER																				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT														
UNIT NO: PRMU650083 SEAL 1: 025947	1 45HC	STC: 44 PALLETS 2,120 PIECES MEDICAL DEVICES ** TR/DR			21,025															
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE															
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p><input checked="" type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor</p> <p>RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,726.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,861.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,726.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,861.00	TOTAL CHARGES: 1,861.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL																		
OC FRT NORTHBOUND	1	1,726.00																		
BUNKER SURCHARGE	1	125.00																		
PT AUTH FEE	1	10.00																		
		1,861.00																		
REVISED 2/02		BY _____		SEA STAR LINE, LLC																

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO.	BL NO. SJUCRS060JAX115	Date: 05/10/02																
			EXPORT REFERENCES	GU585N0420																	
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80814																	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) OM OMAHA DC (REL) (USA11111) C/O ALLEGIANCE 4225 S 57TH ST. OMAHA, NE 68117			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																			
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR																	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY OMAHA, NE		POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) OMAHA, NE																	
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU655493 SEAL 1: 025949	1 45HC	STC: 45 PALLETS 2,008 PIECES MEDICAL DEVICES ** TR/DR			21,602																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor _____</p>				<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBBOUND</td> <td>1</td> <td>1,400.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,535.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBBOUND	1	1,400.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,535.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBBOUND	1	1,400.00																			
BUNKER SURCHARGE	1	125.00																			
PT AUTH FEE	1	10.00																			
		1,535.00																			
<p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED. TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>REVISED 2/02</p> <p>BY _____</p> <p>SEA STAR LINE, LLC</p>				TOTAL CHARGES: 1,535.00																	

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNIED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX103	Date: 05/10/02
		EXPORT REFERENCES GU585N0450	
		BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80815
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR	
VESSEL CRUSADER VOY. NO 060 N FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN	
POINT AND COUNTRY OF ORIGIN			
FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN			

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481203 SEAL 1: 026090	1 45HC	STC: 40 PALLETS 1,815 PIECES MEDICAL DEVICES ** TR/DR	18,258	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

REVISED 2/02

BY _____

SEA STAR LINE, LLC

TOTAL CHARGES: 1,035.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJIU05000) PO BOX 2002 M00477 CATANO, PR 00962	TAX BOND NO.	BL NO. SJUCRS060JAX100	Date: 05/10/02
	EXPORT REFERENCES		GU585N0450
	BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80816
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118	SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)	ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR	PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN	FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481178 SEAL 1: 026009	1 45HC	STC: 34 PALLETS 1,492 PIECES MEDICAL DEVICES ** TR/DR	21,453	

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 900.00	900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes | No Insured Value \$ _____

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

BY _____

SEA STAR LINE, LLC

REVISED 2/02

TOTAL CHARGES: 1,035.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962	TAX BOND NO.	BL NO. SJUCRS060JAX117	Date: 05/10/02
	EXPORT REFERENCES GU585N0440		
	BOOKING NUMBER <i>RV80818</i>	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) NO HAMMOND DC (REL) (USA11111) C/O ALLEGIANCE 701 PRIDE DRIVE HAMMOND, LA 70401	SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()	ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR	PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR
PORT OF DISCHARGE JACKSONVILLE, FL	PLACE OF DELIVERY		POINT AND COUNTRY OF ORIGIN
		FINAL DESTINATION OF GOODS (NOT VESSEL)	

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS UNIT NO: NPRU655000 SEAL 1: 025945	NO OF PKGS 1 45HC	DESCRIPTION OF PACKAGES AND GOODS STC: 1,672 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: NO HAMMOND DC (REL) C.O ALLEGIANCE HEALTHCARE 701 PRIDE DRIVE HAMMOND, LA 70401	GROSS WEIGHT 18,756	MEASUREMENTS
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

I Yes [] No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

TOTAL CHARGES: 1,235.00

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1	1,100.00
BUNKER SURCHARGE	1	125.00
PT AUTH FEE	1	10.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO. BL NO. SJUHAW215ELZ049	Date: 05/13/02																									
			EXPORT REFERENCES HU569N0240																										
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV80817																									
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) PO WILSONVILLE DC (USA11111)			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																										
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																										
PIER SAN JUAN, PR		PLACE OF RECEIPT																											
VESSEL HAWAII		VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR																									
PORT OF DISCHARGE PORT ELIZABETH, NJ				PLACE OF DELIVERY WILSONVILLE, OR																									
POINT AND COUNTRY OF ORIGIN																													
FINAL DESTINATION OF GOODS (NOT VESSEL) WILSONVILLE, OR																													
PARTICULARS FURNISHED BY SHIPPER																													
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT																								
UNIT NO: UXXU481116	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR		20,099																									
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE																									
<p><input checked="" type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p><input type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p><input type="checkbox"/> Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>			<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>2,900.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>15.00</td> </tr> <tr> <td></td> <td></td> <td>2,900.00</td> </tr> <tr> <td></td> <td></td> <td>125.00</td> </tr> <tr> <td></td> <td></td> <td>15.00</td> </tr> <tr> <td></td> <td></td> <td>3,040.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	2,900.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	15.00			2,900.00			125.00			15.00			3,040.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																											
OC FRT NORTHBOUND	1	2,900.00																											
BUNKER SURCHARGE	1	125.00																											
PT AUTH FEE	1	15.00																											
		2,900.00																											
		125.00																											
		15.00																											
		3,040.00																											
<p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID</p> <p>REVISED 2/02</p> <p>BY _____</p> <p>SEA STAR LINE, LLC</p>			TOTAL CHARGES: 3,040.00																										

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX114 Date: 05/10/02																									
		EXPORT REFERENCES GU585N0630																									
		BOOKING NUMBER SHIPPER REFERENCE NO. RV#80833																									
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CI CINCINNATI DC (REL) (USA11111) C/O ALLEGIANCE 5532 SPELLMIRE DRIVE CINCINNATI, OH 45246		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC ()																									
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																									
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																									
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																						
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY CINCINNATI, OH	FINAL DESTINATION OF GOODS (NOT VESSEL) CINCINNATI, OH																						
PARTICULARS FURNISHED BY SHIPPER																											
MARKS AND NUMBERS	NO.OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT																					
UNIT NO: UXXU481096 SEAL 1: 026001	1 45HC	STC: 46 PALLETS 2,010 PIECES MEDICAL DEVICES ** TR/DR			22,501																						
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																						
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>2,000.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>2,000.00</td> </tr> <tr> <td></td> <td></td> <td>125.00</td> </tr> <tr> <td></td> <td></td> <td>10.00</td> </tr> </tbody> </table> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	2,000.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			2,000.00			125.00			10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																									
OC FRT NORTHBOUND	1	2,000.00																									
BUNKER SURCHARGE	1	125.00																									
PT AUTH FEE	1	10.00																									
		2,000.00																									
		125.00																									
		10.00																									
REVISED 2/02		TOTAL CHARGES: 2135.00																									
BY _____		SEA STAR LINE, LLC																									

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962			TAX BOND NO. BL NO. SJUCHA080JAX002	Date: 05/12/02																
			EXPORT REFERENCES GU585N0620																	
			BOOKING NUMBER RV#80832	SHIPPER REFERENCE NO.																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																		
VESSEL CHALLENGER		VOY. NO 080 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR																
PORT OF DISCHARGE JACKSONVILLE, FL				POINT AND COUNTRY OF ORIGIN																
				FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL																
PARTICULARS FURNISHED BY SHIPPER																				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT															
UNIT NO: GESU400463 SEAL 1: 026005	1 45HC	STC: 46 PALLETS 1,757 PIECES MEDICAL DEVICES ** TR/DR		27,511																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-Negotiable																
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 Limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,385.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,250.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,385.00	TOTAL CHARGES: 1,385.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL																		
OC FRT NORTHBOUND	1	1,250.00																		
BUNKER SURCHARGE	1	125.00																		
PT AUTH FEE	1	10.00																		
		1,385.00																		
REVISED 2/02		BY _____																		
		SEA STAR LINE, LLC																		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962			TAX BOND NO.	BL NO. SJUCRS060JAX118	Date: 05/10/02																
			EXPORT REFERENCES	GU585N0610																	
			BOOKING NUMBER	RV80831																	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) SL EARTH CITY DC (REL) (USA11111) C/O ALLEGIANC 13636 LAKE FRONT DRIVE EARTH CITY, MO 63045			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI ()																		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																			
VESSEL CRUSADER		VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR																	
PORT OF DISCHARGE JACKSONVILLE, FL			PLACE OF DELIVERY EARTH CITY, MO		POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) EARTH CITY, MO																
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU655253 SEAL 1: 026002	1 45HC	STC: 2,044 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: SL EARTH CITY DC (REL) C/O ALLEGIANC 13636 LAKE FRONT DRIVE EARTH CITY, MO 63045			24,325																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p> <p>RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREINMENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>				<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,050.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,185.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,050.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,185.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBOUND	1	1,050.00																			
BUNKER SURCHARGE	1	125.00																			
PT AUTH FEE	1	10.00																			
		1,185.00																			
REVISED 2/02		BY _____		TOTAL CHARGES: 1,185.00																	
SEA STAR LINE, LLC																					

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNING "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX113	Date: 05/10/02																
		EXPORT REFERENCES GU585N0640																	
		BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80834																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CH CHARLOTTE DC (USA11111) C/O ALLEGIANCE 3031 NEVADA BLVD CHARLOTTE, NC 28273		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																	
VESSEL CRUSADER VOY. NO 060 N FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY CHARLOTTE, NC	FINAL DESTINATION OF GOODS (NOT VESSEL) CHARLOTTE, NC																
PARTICULARS FURNISHED BY SHIPPER																			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU655088 SEAL 1: 026007	1 45HC	STC: 45 PALLETS 1,860 PIECES MEDICAL DEVICES ** TR/DR	28,714																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE																
<p><small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for declared value \$ _____.</small></p> <p><small>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small>[] Yes [] No Insured Value \$ _____</small></p> <p><small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.</small></p> <p><small>Signature of Consignor</small></p>		<p><small>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</small></p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,100.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>0.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,110.00</td> </tr> </tbody> </table> <p><small>RECEIVED THE GOODS, OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</small></p> <p><small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small></p> <p><small>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</small></p> <p>REVISED 2/02 BY _____ SEA STAR LINE, LLC</p>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,100.00	BUNKER SURCHARGE	1	0.00	PT AUTH FEE	1	10.00			1,110.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																	
OC FRT NORTHBOUND	1	1,100.00																	
BUNKER SURCHARGE	1	0.00																	
PT AUTH FEE	1	10.00																	
		1,110.00																	

TOTAL CHARGES: 1,110.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX112 Date: 05/10/02																
		EXPORT REFERENCES GU585N0650																
		BOOKING NUMBER SHIPPER REFERENCE NO. RV#80835																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) DL GRAND PRAIRE DC (USA11111) C/O ALLEGIANCE 3080 WEST. INTERSTATE 20 GRAND PRAIRIE, TX 75052		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC. ()																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																
PIER SAN JUAN, PR		PLACE OF RECEIPT																
VESSEL CRUSADER		VOY. NO 060	FLAG N	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY GRAND PRAIRIE, TX	FINAL DESTINATION OF GOODS (NOT VESSEL) GRAND PRAIRIE, TX													
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: SCSU450375 SEAL 1: 025891	1 45HC	STC: 46 PALLETS 2,374 PIECES MEDICAL DEVICES ** TR/DR			28,130													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p><input type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's Interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,200.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,335.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,200.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,335.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1	1,200.00																
BUNKER SURCHARGE	1	125.00																
PT AUTH FEE	1	10.00																
		1,335.00																
REVISED 2/02		BY _____		TOTAL CHARGES: 1,335.00														
SEA STAR LINE, LLC																		

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX105	Date: 05/10/02														
		EXPORT REFERENCES GU585N0620															
		BOOKING NUMBER RV#80836	SHIPPER REFERENCE NO.														
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR															
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN												
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL													
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT											
UNIT NO: STRU455011 SEAL 1: 025894	1 45HC	STC: 50 PALLETS 2,226 PIECES MEDICAL DEVICES ** TR/DR			21,411												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE												
<p><input type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p><input type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p><input type="checkbox"/> Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,250.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00		
TARIFF ITEM NUMBER	CHARGES	TOTAL															
OC FRT NORTHBOUND	1	1,250.00															
BUNKER SURCHARGE	1	125.00															
PT AUTH FEE	1	10.00															
RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.																	
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.																	
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																	
REVISED 2/02		BY _____		TOTAL CHARGES: 1,385.00													
SEA STAR LINE, LLC																	

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJIU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO. BL NO. SJUCRS060JAX111	Date: 05/10/02																
		EXPORT REFERENCES GU585N0660																	
		BOOKING NUMBER RV#80837	SHIPPER REFERENCE NO.																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) HU-THE WOODLANDS DC (REL) (USA11111) C/O ALLEGIANCE 9201 GROGAN'S MILL RD THE WOODLANDS, TX 77380		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																	
VESSEL .. VOY. NO FLAG CRUSADER 060 N UNITED STATES		PORT OF LOADING SAN JUAN, PR																	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WOODLAND, TX	FINAL DESTINATION OF GOODS (NOT VESSEL) WOODLAND, TX																
PARTICULARS FURNISHED BY SHIPPER																			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT															
UNIT NO: UXXU481071 SEAL 1: 026004	1 45HC	STC: 44 PALLETS 2,456 PIECES MEDICAL DEVICES ** TR/DR	23,242																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE																
<p><small>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>B Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</small></p> <p><small>Declared Value \$ _____</small></p> <p><small>C Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____</small></p> <p><small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p><small>Signature of Consignor</small></p>		<p><small>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</small></p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1.</td> <td>1,082.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,217.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1.	1,082.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,217.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																	
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BUNKER SURCHARGE	1	125.00																	
PT AUTH FEE	1	10.00																	
		1,217.00																	
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REVISED 2/02 BY SEA STAR LINE, LLC		TOTAL CHARGES: 1,217.00																	

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNING "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		TAX BOND NO. BL NO SJUCRS060JAX116 Date 05/10/02																
		EXPORT REFERENCES GU585N0670																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MN CHAMPLIN DC (REL) (USA11111) C/O ALLEGIANCE HEALTHCARE 9000 109TH AVE. NORTH CHAMPLIN, MN 55316		BOOKING NUMBER RV 80838 SHIPPER REFERENCE NO.																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC. ()																
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																
VESSEL CRUSADER		VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY	FINAL DESTINATION OF GOODS (NOT VESSEL)													
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: PRMU650106 SEAL 1: 026008	1 45HC	STC: 1,672 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: MN CHAMPOIN DC 9000 109TH AVE. NORTH CHAMPLIN, MN 55316			22,368													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p><small>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>B Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</small></p> <p>Declared Value \$ _____</p> <p><small>C Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p><small>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;"><small>Signature of Consigner</small></p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,500.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>REVISED 2/02 BY _____</p> <p>SEA STAR LINE, LLC</p> <p style="text-align: right;">TOTAL CHARGES: 1,635.00</p>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,500.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1	1,500.00																
BUNKER SURCHARGE	1	125.00																
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